

Conditions for availing CHSS Medical Benefits from NISER through HWP Talcher

- CHSS is mandatory for every registered bona fide trainee/student of NISER unless he/she:
 - ❖ has an equivalent medical insurance cover#.
 - ❖ is availing any health scheme as a dependent beneficiary#.
- # *In both the above cases individual must submit relevant documents/photocopy of health scheme along with the application form. If no such documents are received the student will be considered eligible for CHSS.*
- All trainees/students must fill up the CHSS application form in the prescribed format and submit it to the Academic Section (as applicable) with two recent passport size photographs (name written behind) for verification and certification. After certification, the form will be forwarded for approval of the competent authority to issue the CHSS card.
- The beneficiary should also submit valid ID proof and date of birth proof with the application form.
- Individual giving false or misleading information will be liable to disciplinary action.
- CHSS card is a property of NISER and must be returned to NISER once the Trainee/Student completes the course/programme at NISER

Note: If the CHSS card is damaged, new CHSS will be issued after the payment of ₹500.00 and if it is lost, the individual will have to lodge a FIR and submit FIR copy and have to pay ₹500.00.

Checklist for submission of the complete CHSS application form:

1. Application form duly filled in all respects.
2. Recent Passport size photographs with name written at the back (02 nos.)
3. ID Proof copy, self-attested
4. Date of Birth proof copy, self-attested

All these documents to be put together with a paper-clip (not to be stapled) and submitted along with the registration documents.

In case of opting out of CHSS (strike out as appropriate):

1. I opt out of CHSS through HWP Talcher as I am covered by a medical insurance scheme*
OR
2. I opt out of CHSS through HWP Talcher as I am a dependent beneficiary of a health scheme**

**Supporting documents of the relevant scheme / §Parent's declaration to be furnished along with the application form.*

***I hereby give my consent for deduction of 1% of my monthly fellowship every month w.e.f. the date of issuance of CHSS Cards. (Applicable for the Post-Doctoral Fellows (PDF) and National Post-Doctoral Fellows (NPDF) of the Institute (for self only) who are being appointed for one (01) year period or more.*

Date: __ / __ /20 __

Signature of the Applicant



National Institute of Science Education and Research Bhubaneswar
CHSS Application Form for Stipend Holder/PDF/NPDF

Full Name:																								
Name of the School:	SCHOOL OF																							
Roll No: (leave blank if not issued yet)																								
Fellowship/Stipend Amount:	₹																							
Date of Joining NISER:					/					/	20			Date of Birth:										
Address																								
	PIN: _____																							

Date: __ / __ /20 __

Signature of the Applicant

FOR OFFICE USE ONLY

The information on details of the trainee/student/PDF has been verified and found correct.

Authorized Signatory of the Institute

No:

Date: __ / __ /20 __

Registered under CHSS Number:

CHSS Number:

LCWO/APO

Copy to:

1. Pay & Accounts Officer, HWP (I)
2. Finance/Accounts Officer, NISER
3. Personal File
4. Health Centre, NISER

Received CHSS Card.

Signature of the Trainee/Student